

## **Exhibit A**

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF NORTH CAROLINA  
(Charlotte Division)

In re: ) Chapter 11  
WILLIAM PATRICK CUNE ) 16-31409  
and SALLIE ANN CUNE )  
Debtors. )

**BALLOT FOR PLAN OF REORGANIZATION**

William Patrick Cune and Sallie Ann Cune filed a Plan of Reorganization dated December 23, 2016 (the "Plan") in this case. The Court has approved the Disclosure Statement with respect to the Plan (the "Disclosure Statement"). The Disclosure Statement provides information to assist you in deciding how to vote your ballot. Court approval of the Disclosure Statement does not indicate approval of the Plan by the Court.

You should review the Disclosure Statement and the Plan before you vote. You may wish to seek legal advice concerning the Plan and your classification and treatment under the Plan.

This ballot has been prepared to reflect the class(es) in which you are eligible to vote. **Do not vote on this ballot if you do not hold a claim against the Debtors. IF YOU RECEIVE MORE THAN ONE BALLOT, YOU SHOULD COMPLETE AND RETURN ONE BALLOT FOR EACH CLASS OF CLAIM THAT YOU HOLD AGAINST THE DEBTORS.** If you have claims or interests in more than one class, you may cast more than one ballot, one for each class of claim that you hold. Claimants submitting multiple ballots shall be deemed to have voted in the manner of the last ballot cast, as applicable.

**IMPORTANT**

**VOTING DEADLINE: 5:00 P.M. (PREVAILING EASTERN TIME) ON APRIL 19, 2017.**

**YOU SHOULD REVIEW THE ACCOMPANYING DISCLOSURE STATEMENT AND THE PLAN BEFORE YOU VOTE. ONLY SIGNED BALLOTS WILL BE COUNTED.**

You must return your completed and signed Ballot to Debtors' counsel so that it is actually received on or prior to 5:00 P.M. (prevailing Eastern Time) on April 19, 2017. The address for Debtors' counsel is:

Moon Wright & Houston, PLLC  
Attn: Richard S. Wright  
121 West Trade Street, Suite 1950  
Charlotte, North Carolina 28202

If you have any questions, please contact Debtors' counsel at (704) 944-6560. If your ballot is damaged or lost, or if you did not receive a ballot, you may request a replacement by contacting Debtors' counsel.

If your ballot is not received by the Debtors' counsel on or before April 19, 2017, and such deadline is not extended, your vote will not count as either an acceptance or rejection of the Plan.

If the Plan is confirmed by the Bankruptcy Court, it will be binding on you whether or not you vote.

For the avoidance of doubt, casting a ballot to accept the Plan will not preclude a party-in-interest from filing an objection prior to the objection deadlines established by the Bankruptcy Court.

**Receipt of this ballot does not signify that your claim has been or will be allowed.**

**1. THIS BALLOT DOES NOT CONSTITUTE A CLAIM.** This Ballot does not constitute, nor will it be deemed to be, a proof of claim or an amendment to a proof of claim or an assertion of or a waiver of any bar date or deadline to file a proof of claim.

**YOU MUST SUBMIT YOUR BALLOT CORRECTLY IN ORDER TO HAVE YOUR VOTE COUNTED.  
PLEASE READ THE FOLLOWING TO DETERMINE HOW YOUR BALLOT SHOULD BE SUBMITTED.**

2. **AUTHORIZATION.** By returning this Ballot, the holder of a Class 6 Claim identified below certifies that it (a) has full power and authority to vote to accept or to reject the Plan with respect to the claim identified below and (b) has had an opportunity to review a copy of the Disclosure Statement and understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement. The undersigned certifies that it holds a claim in the amount stated:

3. **CLASS OF CLAIM – Claimant holds:**

(PLEASE REFER TO THE DISCLOSURE STATEMENT TO DETERMINE THE TYPE OF CLAIM YOU HOLD)

<input type="checkbox"/>	Class 1 – Secured Tax Claims	Amount of Claim \$ _____
<input type="checkbox"/>	Class 2 – Secured Claim of Suntrust	Amount of Claim \$ _____
<input type="checkbox"/>	Class 3 – First Secured Claim of PNC	Amount of Claim \$ _____
<input type="checkbox"/>	Class 4 – Second Secured Claim of PNC	Amount of Claim \$ _____
<input checked="" type="checkbox"/>	Class 5 – Secured Claim of BB&T	Amount of Claim \$ _____
<input type="checkbox"/>	Class 6 – First Secured Claim of Merck	Amount of Claim \$ <u>8,066.91</u>
<input type="checkbox"/>	Class 7 – Second Secured Claim of Merck	Amount of Claim \$ _____
<input type="checkbox"/>	Class 8 – Priority Non-Tax Claims	Amount of Claim \$ _____
<input type="checkbox"/>	Class 9 – Unsecured Deficiency Claim of PNC	Amount of Claim \$ _____
<input type="checkbox"/>	Class 10 - Unsecured Deficiency Claim of BB&T	Amount of Claim \$ _____
<input type="checkbox"/>	Class 11 - Unsecured Deficiency Claim of Merck	Amount of Claim \$ _____
<input type="checkbox"/>	Class 12 – General Unsecured Claims	Amount of Claim \$ _____

4. **VOTE ON PLAN** - Please check only ONE box. If neither box is checked, or if both boxes are checked, or if the ballot is not signed, the ballot will not be counted. The undersigned holder of the claim(s) identified in section 3 above votes as follows:

ACCEPT PLAN

\*

REJECT PLAN

5. **SIGNATURE** By signing this Ballot the undersigned certifies that it is either (a) creditor with a claim to which this Ballot pertains that is designated in a class of Claims pursuant to the Plan, or (b) an authorized signatory of such a creditor, and has full power and authority to vote to accept or reject the Plan. The undersigned also acknowledges that such vote is subject to all the terms and conditions set forth in the Disclosure Statement.

Name of Creditor: Merck Sharp & Dohme Federal Credit Union  
Name (Print): Stacy Mitchell  
Title: Sr. Asset Recovery Specialist  
Signature: Stacy Mitchell  
Date Completed: 4-18-2017

\* Subject to following modification to Class 6 treatment: interest rate increased to 5.25%, and term reduced to 30 months.

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FOR THE WESTERN DISTRICT OF NORTH CAROLINA  
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In re: ) Chapter 11  
WILLIAM PATRICK CUNE )  
and SALLIE ANN CUNE ) 16-31409  
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If the Plan is confirmed by the Bankruptcy Court, it will be binding on you whether or not you vote.

For the avoidance of doubt, casting a ballot to accept the Plan will not preclude a party-in-interest from filing an objection prior to the objection deadlines established by the Bankruptcy Court.

**Receipt of this ballot does not signify that your claim has been or will be allowed.**

**1. THIS BALLOT DOES NOT CONSTITUTE A CLAIM.** This Ballot does not constitute, nor will it be deemed to be, a proof of claim or an amendment to a proof of claim or an assertion of or a waiver of any bar date or deadline to file a proof of claim.

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PLEASE READ THE FOLLOWING TO DETERMINE HOW YOUR BALLOT SHOULD BE SUBMITTED.**

2. **AUTHORIZATION.** By returning this Ballot, the holder of a Class 7 Claim identified below certifies that it (a) has full power and authority to vote to accept or to reject the Plan with respect to the claim identified below and (b) has had an opportunity to review a copy of the Disclosure Statement and understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement. The undersigned certifies that it holds a claim in the amount stated:

3. **CLASS OF CLAIM -** Claimant holds:

(PLEASE REFER TO THE DISCLOSURE STATEMENT TO DETERMINE THE TYPE OF CLAIM YOU HOLD)

<input type="checkbox"/>	Class 1 - Secured Tax Claims	Amount of Claim \$ _____
<input type="checkbox"/>	Class 2 - Secured Claim of Suntrust	Amount of Claim \$ _____
<input type="checkbox"/>	Class 3 - First Secured Claim of PNC	Amount of Claim \$ _____
<input type="checkbox"/>	Class 4 - Second Secured Claim of PNC	Amount of Claim \$ _____
<input type="checkbox"/>	Class 5 - Secured Claim of BB&T	Amount of Claim \$ _____
<input type="checkbox"/>	Class 6 - First Secured Claim of Merck	Amount of Claim \$ _____
<input checked="" type="checkbox"/>	Class 7 - Second Secured Claim of Merck	Amount of Claim \$ <u>24,025.00</u>
<input type="checkbox"/>	Class 8 - Priority Non-Tax Claims	Amount of Claim \$ _____
<input type="checkbox"/>	Class 9 - Unsecured Deficiency Claim of PNC	Amount of Claim \$ _____
<input type="checkbox"/>	Class 10 - Unsecured Deficiency Claim of BB&T	Amount of Claim \$ _____
<input type="checkbox"/>	Class 11 - Unsecured Deficiency Claim of Merck	Amount of Claim \$ _____
<input type="checkbox"/>	Class 12 - General Unsecured Claims	Amount of Claim \$ _____

4. **VOTE ON PLAN** - Please check only ONE box. If neither box is checked, or if both boxes are checked, or if the ballot is not signed, the ballot will not be counted. The undersigned holder of the claim(s) identified in section 3 above votes as follows:

ACCEPT PLAN

\*

REJECT PLAN

5. **SIGNATURE** By signing this Ballot the undersigned certifies that it is either (a) creditor with a claim to which this Ballot pertains that is designated in a class of Claims pursuant to the Plan, or (b) an authorized signatory of such a creditor, and has full power and authority to vote to accept or reject the Plan. The undersigned also acknowledges that such vote is subject to all the terms and conditions set forth in the Disclosure Statement.

Name of Creditor:

Merck Sharp & Dohme Federal Credit Union

Name (Print):

Stacy Mitchell

Title:

Sr. Asset Recovery Specialist

Signature:

Stacy J. Mitchell

Date Completed:

6.18.2017

\* Subject to following modification to Class 7 treatment: term reduced to 36 months.

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FOR THE WESTERN DISTRICT OF NORTH CAROLINA  
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In re:	)	Chapter 11
<b>WILLIAM PATRICK CUNE</b>	)	16-31409
<b>and SALLIE ANN CUNE</b>	)	
	)	
<b>Debtors.</b>	)	

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2. **AUTHORIZATION.** By returning this Ballot, the holder of a Class 11 Claim identified below certifies that it (a) has full power and authority to vote to accept or to reject the Plan with respect to the claim identified below and (b) has had an opportunity to review a copy of the Disclosure Statement and understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Disclosure Statement. The undersigned certifies that it holds a claim in the amount stated:

3. **CLASS OF CLAIM** – Claimant holds:

(PLEASE REFER TO THE DISCLOSURE STATEMENT TO DETERMINE THE TYPE OF CLAIM YOU HOLD)

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<input type="checkbox"/>	Class 5 – Secured Claim of BB&T	Amount of Claim \$ _____
<input type="checkbox"/>	Class 6 – First Secured Claim of Merck	Amount of Claim \$ _____
<input type="checkbox"/>	Class 7 – Second Secured Claim of Merck	Amount of Claim \$ _____
<input type="checkbox"/>	Class 8 – Priority Non-Tax Claims	Amount of Claim \$ _____
<input type="checkbox"/>	Class 9 – Unsecured Deficiency Claim of PNC	Amount of Claim \$ _____
<input type="checkbox"/>	Class 10 – Unsecured Deficiency Claim of BB&T	Amount of Claim \$ _____
<input checked="" type="checkbox"/>	Class 11 – Unsecured Deficiency Claim of Merck	Amount of Claim \$ <u>5,168.05</u>
<input type="checkbox"/>	Class 12 – General Unsecured Claims	Amount of Claim \$ _____

4. **VOTE ON PLAN** - Please check only ONE box. If neither box is checked, or if both boxes are checked, or if the ballot is not signed, the ballot will not be counted. The undersigned holder of the claim(s) identified in section 3 above votes as follows:

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Name of Creditor: Merck Sharp & Dohme Federal Credit Union

Name (Print): Stacy Mitchell

Title: Sr. Asset Recovery Specialist

Signature: Stacy Mitchell

Date Completed: 4.18.2017